COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PERSONAL HEALTH SERVICES
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December 1, 1995

David Werdegar, MD, MPH
Director
Office of Statewide Health Planning and Development
1600 Ninth Street, Suite 400
Sacramento, CA 95814

Dear Dr. Werdegar:

Thank you for the opportunity to review the California Hospital Outcomes Reports. Our comments and recommendations are summarized in this letter and specific comments regarding LAC+USC are included in the Appendix.

Our overall impression is that this is truly a major intensive effort committed to develop a mechanism to measure the quality of care in hospitals. The models are based on sound statistical and mathematical sciences. This effort is progressive and should be endorsed. However, due to the limitations of the data sources, the wide variation in coding practices, and the fact that not all hospitals are included in the project, the product as is should **NOT** be used as **Quality of Care** indicator(s).

The strong points of this effort are the use of linking record technique, condition-specific approach, inclusion of extensive input, and the use of statistical and mathematical sciences.

The weak points are the use of the administrative data set which lacks a great deal of clinical information; the use of inpatient data only, thus lacking outpatient and ancillary service utilization information; the wide variation of coding practices; the wide variation of the proportion of unlinked records among hospitals and among services within hospital; and, the fact that a single or a few outcome indicators may not truly reflect the quality of care of hospitals.

David Werdegar, MD, MPH
December 1, 1995

After a careful review of the Technical Appendix, we offer the following recommendations.

1. To avoid misuse of the information, the indicator(s) should be labeled as **experimental outcome** indicator(s) and **not quality** indicator(s).

2. Ways to assure consistency in data coding and collection should be sought, such as a centralized coding service.

3. Outpatient and clinical data should be included in the outcome models.

4. No hospitals should be excluded in the final analysis. This may be accomplished using a two-stage approach. First is the derivation of a model for each group of hospitals stratified by type and size and then the derivation of a statewide model using a weighted method.

5. The same modeling method using the same data base should be verified by an independent agency.

6. Different statistical methods of modeling using the same data base should be carried out to check agreement of findings.

7. Alternative approaches, such as an independent data collection system specifically designed to monitor the quality of care in hospitals, should be explored and developed.

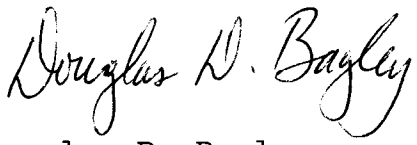
8. In order to be useful to individual hospitals, they should be provided the entire data base **before exclusion of cases.**

9. In view of the above issues and considerations, actual use of this data for decision making purposes is undesirable. Therefore, the issue of public release may warrant further review. We recommend your office communicate with the Legislature and re-examine the public release question.

David Werdegar, MD, MPH
December 1, 1995

If you have further questions regarding our response, please direct them to Linda Chan, Ph.D., Division of Research and Biostatistics, at 213-226-6744.

Sincerely,



Douglas D. Bagley
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Enclosure

California Hospital Outcomes Project - Response from LAC+USC Medical Center

APPENDIX

SPECIFIC COMMENTS FOR LAC+USC MEDICAL CENTER

1. The percentage of AMI cases included in the study for LAC+USC Medical Center was 50%, reflecting a poor representation of cases for LAC+USC Medical Center.

Table 1: Proportions of patients included in the OSHPD project:

Condition	No. Cases With SSN In Study	Estimated Total Cases	Percent Cases in Study
AMI	287	572	50%

The total number of cases at LAC+USC Medical Center was estimated for the same time period as the study.

2. The proportion of patients with no social security numbers (SSN) at LAC+USC is significantly higher than the California average. The California study reported 3.2% of AMI cases had no social security number while the rate for LAC+USC was 32%. The following table illustrate the prevalence of lack of social security numbers in our patient population.

Table 2: Percent Cases Lacking SSN in LAC+USC Medical Center Outpatient Population, Calendar Year 1992

Hospital Unit	Total Visits	Number No SSN	Percent No SSN
General	196,164	60,046	31%
Women	189,349	98,463	52%
Pediatric	119,068	73,208	61%
Psychiatric	34,987	8,815	25%
Outpatient	465,471	105,345	23%
Home Hlth& Unk	7,501	4,004	53%
Total	1,012,540	349,881	35%

3. Based on these statistics, the California Hospital Outcomes Study for LAC+USC Medical Center may not be generalizable.